## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number 10627029 H24103

| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                  |              |                               |                              |              |                  |        | SMALL ENTITY   |                        | OTHER THAN     |                     |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------|--------------|-------------------------------|------------------------------|--------------|------------------|--------|----------------|------------------------|----------------|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                  | (Column 1)   |                               | (Column 2)                   |              |                  | TYPE   |                | OR                     |                |                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                  | -            |                               |                              |              |                  |        | RATE           | FEE                    |                | RATE                | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                  |              | NUMBER FILED                  |                              | NUMBER EXTRA |                  |        | BASIC FEE      | 375.00                 | OR             | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS 100 minus 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                  |              |                               | us 20=                       | •            |                  |        | X\$ 9=         |                        | OR             | X\$18=              |                        |
| INDEPENDENT CLAIMS .£                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                  |              | .S mi                         | L minus 3 =                  |              |                  |        | X42=           |                        | OR             | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                  |              |                               |                              |              |                  |        | +140=          |                        | OR             | +280=               |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                  |              |                               |                              | *0° in c     | olumn 2          |        | TOTAL          |                        | OR             | TOTAL               | 750                    |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |                                  |              |                               |                              |              |                  |        |                |                        | ,              | OTHER               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         | mn 1)                            | ·····        | (Colum                        |                              | (Column 3)   |                  | SMALL  | ENTITY         | OR                     | SMALL          | ENTITY              |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2-16-06                 | CLA<br>) REMA<br>AFT<br>AMENI    | INING<br>TER |                               | HIGH<br>NUM<br>PREVK<br>PAID | BEA<br>DUSLY | PRESENT<br>EXTRA |        | RATE           | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FÉE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total                   | •                                | 7            | Minus                         | *                            | 20.          | 3                |        | X\$ 9=         |                        | OR             | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Independent             | MEATIO                           | N OF M       | Minus                         | ***                          | 3            | -                |        | X42=           |                        | OR             | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                  |              |                               |                              |              |                  | •      | +140=          |                        | OR             | +280=               |                        |
| aldri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                  |              |                               |                              |              |                  |        | TOTAL          |                        | OR             | TOTAL<br>ADDIT, FEE |                        |
| 3 8 0 (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                  |              |                               |                              |              |                  | -      | addit. Fee i   |                        | i              | ADDIK. PEEL         |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         | CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUM<br>PREVIC<br>PAID |                              | SER<br>OUSLY | PRESENT<br>EXTRA |        | RATE           | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total                   | . 1                              | 7            | Minus                         |                              | 0            | ±                | 11     | X\$ 9=         | 7.5.5                  | OR             | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Independent             | •                                | 1            | Minus                         | 500                          | <u>ع</u>     | 3                | ]      | X42=           |                        | OR             | X84=                |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FIRST PRESENTATION OF M |                                  |              | JLTIPLE DEPENDENT             |                              | CLAIM        |                  | J      | 4.47           |                        |                |                     |                        |
| +140=<br>TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                  |              |                               |                              |              |                  |        |                |                        | OR             | +280=               |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |                                  |              |                               |                              |              |                  | 1      | ADDIT. FEE     |                        | OR             | ADDIT FEE           |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                  |              |                               |                              |              |                  |        |                |                        | 1              |                     |                        |
| ENT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         | REMAINING<br>AFTER<br>AMENDMENT  |              |                               | NUM<br>PREVI<br>PAID         | BER          | PRESENT<br>EXTRA |        | RATE           | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total                   | ·                                |              | Minus                         | **                           |              | •                | ] [    | X\$ 9=         |                        | OR             | X\$18=              |                        |
| AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Independent             | •                                | 11.051:      | Minus                         | ***                          | 201 4114     |                  | 11     | X42-           |                        | OR             | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                  |              |                               |                              |              |                  |        | .143           |                        |                | , 200               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                  |              |                               |                              |              |                  |        |                | OR                     | +280=<br>TOTAL |                     |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEEOR ADDIT, FOROR ADDIT, FOROR ADDIT, FOROR ADDIT, FOR |                         |                                  |              |                               |                              |              |                  |        |                |                        |                |                     | <u> </u>               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | The 'Highest Nurr       |                                  |              |                               |                              |              |                  | er fou | and in the app | propriate bo:          | k in co        | olumn 1.            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4570.578 Pag 15         |                                  | 416 (        |                               | Office 2000                  |              |                  |        | and Trades     |                        | - L            |                     |                        |